File with: lowa Ethics and Campaign Disclosufe Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM Fax: 515-281-4073 DISCLOSURE SUMMARY PAGE 2008 1107 -3 AHII: 34 COMMITTEE NAME (Must be same as on Statement of Organization) FORM DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 07/2007) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Scanned Computer District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a 712-434-S SIGNATURE OF PERSON FILING REPORT Be Fore E REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 3123,46 SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 1500,00 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)........... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

COMMITTEE NAME	Must be same as or	n Statement of Organiz	ration)
The Danie	l A. Husen	naw Electio	w Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/23/2008	ID# 6162 CK# 1452	Ta. Agribusiness Employees PAC 900 Des Moines Street Des Moines Town 50309		\$ 100,00	
10/23/2008	СК# S (6 77	DAVID + Alice Mody 58404 - zoc # street Nevada, Iowa 50201		50.00	
10/23/2018	ID# CK# /S & 70 ID# 287	William & Joan Tentinger 38724 · C-30 LeMars, Ioura SIC31		150.00	
10/23/2018	ск#	Midwest PAC 1636 NW 114 th Street Clive, Ioura 50,325-7071		100,00	
10/23/2018	ск# 4548	Row DIAN Muterson' 5264 10th AVENUR AURelia, Iowa 51005		25.00	
10/23/2008	CK# / 3 /	Towa Turkey Federation PAC Box 825 Ames, Towa 50010-0825		Z00,00	
10/23/2018	ID# 6237 CK# 2100	ABATE PAC 3118 Eastern Avenue NE Cedar Rapids, Iowa 5240Z		300.00	
123/2018	CK# 21383	TIM LUNDSGARRD 5845 S AVENUE Chevokee, Iwa SIOIZ		100,00	V
10/23/2008	CK# 3961	Dale Sleezer, Sr. 2327 SIOTH Street AURElia, Ia S1005		1001.00	V
:0/23/2018	ID# 4400 Ск# 648	Ta. Restaurant Association PAC 8525 Douglas, Suite 47 Des Mcivils, Lour 50322		150.00	
			SUB-TOTAL	-1775 id	

TOTAL (if last page of this schedule)

(for Schedule A)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

COMMIT	TEE NAME (MI	ıst be same as on Stat	tement of Organizati	ion)
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1/1/	<u>UHNIET</u>	11 / 10 SKMINN	Flechouse	DIMMINI OF 114

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NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
19/27/2008 10/27/2008 10/27/2008	CK# 8296	Mike+ Suzette Rad Ke zy31 - 620th Street Aurelia, Iowa S1005		\$ 250,00	W
10/27/2008	ID# CK# 4419	Toshico & Charles Murphy 1085, 10th Street Cherokee, Iowa 5101,Z		50.00	
10/27/2008	1999	Mike + Suzette Rad Ke 2431 - 620 th Street Aurelia, Iowa 51005 Toshico + Charles Murphy 1085, 10 th Street Chero Kee, Iowa 51017 Stant Sally Oswald 4632 I Avenue Cleyhorn, Iowa 51014		25.00	<i>U</i>
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	CK#				
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	CK#				
			SUB-TOTAL	- 37CM	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** (DESCRIBE TRANSACTION) **EXPENDED** DATE **ID NUMBER EXPENDITURE EXPENDED** (Disbursement) WAS MADE (if applicable) (MM/DD/YR) AND PAC CHECK NUMBER Republican Party of Iowa 621 East 944 Desmoines, Ia 50309 mailings ID# \$ 1500.00 CK# ID# CK# \$ 1500,00 SUB-TOTAL TOTAL (if last page of this schedule)

THIS BOX	APPLIES 1	TO CANDII	DATES' C	OMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS. SEE BACK OF FORM

The DANIE A, HUSIMAN Election Committee

SCHEDULE E (Rev. 06/97)	IN KIND
_	THIS BOX IF

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
oct/20/ 2008	IFBF PAC 5400 University Avenue West Des Moines, Ia, 5026	6-5997	Mailings	s 1177.51	
			·		

TOTAL (if last

page of this schedule)

1177.5

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of ___